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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/752,152	12/29/2000	Stephen S. Jackson	2204/A84US	8441
34845 7	590 08/23/2006		EXAMINER	
McGUINNESS & MANARAS LLP 125 NAGOG PARK			PHUNKULH, BOB A	
ACTON, MA 01720			ART UNIT	PAPER NUMBER
,			2616	

DATE MAILED: 08/23/2006

Please find below and/or attached an Office communication concerning this application or proceeding.



	Application No.	ation No. Applicant(s)	
Interview Summany	09/752,152	JACKSON, STEPHEN S. Art Unit	
Interview Summary	Examiner		
	Bob A. Phunkulh	2616	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Bob A. Phunkulh</u> .	(3)		
(2) <u>Lindsay McGuinness</u> .	(4)		
Date of Interview: 18 August 2006.			
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.		
Claim(s) discussed: 1.			
Identification of prior art discussed: Cole et al. (US 6,348,8	<u>374)</u> .		
Agreement with respect to the claims f) was reached. €	g)☐ was not reached. h)⊠ N	N/A.	
Substance of Interview including description of the genera reached, or any other comments: the applicant will file a fo			was
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached.	copy of the amendments that v		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW DATE, OF THE SUBSTANCE OF THE INTERQUIREMENTS ON REVERSE SIDE OF ON Attached sheet.	e last Office action has already OF ONE MONTH OR THIRT FERVIEW SUMMARY FORM,	been filed, APP Y DAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO

Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

PRIMARY EXAMINER Examiner's signature, if required